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CONFIRMATION NO. 5671

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| SERIAL NUMBER 08/573,569 | FILING OR 371(c) DATE 12/14/1995 RULE | CLASS 435 | GROUP ART UNIT 1648 | ATTORNEY DOCKET NO. |
| APPLICANTS HUNEIN F. MAASSAB, ANN ARBOR, MI; MARTHA L. HERLOCHER, ANN ARBOR, MI; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 08/082,846 06/29/1993 ABN <i>h</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>h</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/1996 ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | STATE OR COUNTRY MI | SHEETS DRAWING 2 | TOTAL CLAIMS 12 |
| | | | INDEPENDENT CLAIMS 4 | |
| ADDRESS 23639 | | | | |
| TITLE COLD-ADAPTED INFLUENZA VIRUS | | | | |
| FILING FEE RECEIVED 2999 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |